



Application for an Organization to be Recognized as a Professional Association by YoungStar

11.13.12

Professional development is promoted in YoungStar through the Business and Professional Practices indicator (C.3.4). This quality indicator recognizes that the Director and/or administrator or family provider plays an active role in a professional early childhood education or school-age association. Proof of membership can be membership cards, letters and/or invoices with dates of membership. Active membership means that they are current members who attend four meetings per year: either regular meetings of the association/support group or committees/groups/teams per year (in person or by phone or web conference). Meeting schedules, agendas, notes/minutes of the meetings will provide proof of active participation. If the Provider belongs to more than one organization and attends a total of four meetings across multiple organizations (for example: 2 NAEYC meetings and 2 BCDI meetings) per year, this would meet the requirement for this indicator.

Currently, YoungStar recognizes the following associations: Black Child Development Institute (BCDI), National Association for the Education of Young Children (NAEYC), Wisconsin Early Childhood Association (WECA), Local Association for the Education of Young Children (AEYC), National Association of Family Child Care (NAFCC), Wisconsin Family Child Care Association (WFCCA), or North American Montessori Teachers' Association (NAMTA), Wisconsin Child Care Administrators Association (WCCAA), Wisconsin Afterschool Association (WAA) and the National Afterschool Association (NAA).

Organizations that would like to be recognized as a Professional Association for the purposes of YoungStar should fill out this form, attach the following information and send it to the address below:

- Association or organizational bylaws if available
- Committee titles, roles and responsibilities of committees if available
- A copy of a membership card, letter given to acknowledge membership, or invoice given with dates of membership

Send completed applications and materials to:

Bridget Cullen
Department of Children and Families
201 E Washington Ave 2nd Floor
Madison, WI 53708
Email: Bridget.Cullen@wisconsin.gov
FX: 608-267-2200

Name of Association: _____

Organizational Address: _____

City, State, Zip Code: _____

Contact Person _____

Contact Telephone(s): _____ Fax: _____

E-Mail: _____

I certify all information included on this application is correct.

Signature

Date

Statement of organizational mission:

Goals of the organization:

What is the geographical area of coverage for the organization: (counties, cities, state-wide, region)

What is the marketing plan to promote membership?

How does the organization work to support family child care or group child care?

Please describe the association's activities that support providers and the profession in Wisconsin to improve child care program quality:

Please list provider orientated activities that have occurred during the past 6 months -

What specific actions have occurred at the support group meetings during the last six months that impact individual child care quality improvement related to educational competencies, environment, curriculum and assessment, professional practices and/or health and wellness?

Educational Competencies:

Environment:

Curriculum/Assessment/Child Goals:

Professional Practices:

Health and Wellness

Please describe links your organization has to state initiatives (example: offer family child care conference – name, location, dates of conference)

Please describe links your organization has to national initiatives (example: gives certificates for training to help track providers professional development as required by state regulatory systems)

Please describe links to accreditation projects and/or other professional development projects in Wisconsin or nationally.

Are membership dues paid by members/participants? _____ YES _____ NO

Please describe what the membership dues are used for.

Please list the leadership roles in the organization and the persons who are currently filling those roles and term dates if applicable.

How often does the association or organization meet?

Does the organization have an active website or Facebook page: (Circle one) Y N

Website address: _____ Facebook Address: _____

Other Considerations:

Thank you for the **Application for Organization to be Recognized**. The process will take approximately 2 weeks to review.